

Employee File Adjustment Form

Company _____ Employee Number _____ Country Code _____

Tax Unit _____ State Code _____ Local Code _____

Name _____

TAXABLE ADJUSTMENTS

GROSS	FIT NTXBL	FIT TXBL	FIT TAX	EIC PAID
Y_____ . ____	_____ . ____	_____ . ____	_____ . ____	_____ . ____
PQ_____ . ____	_____ . ____	_____ . ____	_____ . ____	_____ . ____
SIT TXBL	SIT TAX	LOC TXBL	LOC TAX	
Y_____ . ____	_____ . ____	_____ . ____	_____ . ____	
PQ_____ . ____	_____ . ____	_____ . ____	_____ . ____	

FICA ADJUSTMENTS

OASDI TXBL	OASDI TAX	HI TXBL	HI TAX	MED TXBL	MED TAX
Y_____ . ____	_____ . ____	_____ . ____	_____ . ____	_____ . ____	_____ . ____
PQ_____ . ____	_____ . ____	_____ . ____	_____ . ____	_____ . ____	_____ . ____
COMPANY OASDI TXBL	COMPANY OASDI TAX	COMPANY HI TXBL	COMPANY HI TAX	COMPANY MED TXBL	COMPANY MED TAX
Y_____ . ____	_____ . ____	_____ . ____	_____ . ____	_____ . ____	_____ . ____
PQ_____ . ____	_____ . ____	_____ . ____	_____ . ____	_____ . ____	_____ . ____

COMPANY PAID TAX ADJUSTMENTS

FUTA TXBL	FUTA TAX	SUI TXBL	SUI TAX	SUI GROSS
Y_____ . ____	_____ . ____	_____ . ____	_____ . ____	_____ . ____
PQ_____ . ____	_____ . ____	_____ . ____	_____ . ____	_____ . ____

UNCOLLECTIBLE ADJUSTMENTS

UNCOLL OASDI	UNCOLL HI
Y_____ . ____	_____ . ____
PQ_____ . ____	_____ . ____